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ABSTRACT

This set of effectiveness indicators is intended to assist Colorado communities and agencies to evaluate themselves regarding processes for the identification of young children (birth to age 5) with disabilities. First, a statement of values stresses proactivity, family empowerment, and outcome orientation. Specific effectiveness indicators are then presented in a rating chart form. Each indicator and/or sub-indicator is considered in terms of present status, evaluation, needs, and action plans. The indicators address interagency collaboration (15 major indicators), public awareness (10 indicators), referral (13 indicators), screening (12 indicators), the evaluation process (16 indicators), and program evaluation (2 indicators). In addition, lists identify recommended functions and qualifications of the Child Find Coordinator. (DB)

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COLORADO
CHILD IDENTIFICATION PROCESS
BIRTH - FIVE YEARS
EFFECTIVENESS INDICATORS

cde
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Colorado Child Identification Process
Birth - Five Years
Effectiveness Indicators

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VALUES

THESE VALUES ARE SUPPORTED BY THE COLORADO DEPARTMENT OF EDUCATION AND ARE INTEGRATED THROUGHOUT THE COLORADO CHILD IDENTIFICATION PROCESS BIRTH-FIVE YEARS

THE CHILD IDENTIFICATION EFFORT IS TO:

- BE A PROACTIVE PROCESS WHICH:
  - is ongoing and sustained
  - is family friendly
  - increases community knowledge of how to gain access to the local child identification process and resource options
  - actively identifies children eligible for services and supports
- CREATE PARTNERSHIPS WHICH ENCOMPASS:
  - technical assistance between state and local agencies
  - community collaborative partnerships
  - parent-professional partnerships
- HONOR AND INVEST IN FAMILIES BY RECOGNIZING THAT:
  - families are key decision-makers
  - families determine the extent of their participation
- ENSURE FAMILY CHOICES TO INCLUDE:
  - selection of team members
  - selection of time and place to complete the process
  - a provision to stop the process at any time
  - information-sharing
  - placement for their child's services and supports
- BE OUTCOME ORIENTED TO:
  - be self-reflective
  - solicit consumer satisfaction
  - include information-gathering to demonstrate effectiveness

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CHILD IDENTIFICATION PROCESS
SELF EVALUATION

INTERAGENCY COLLABORATION

In this context, "Interagency Collaboration" refers to the process of establishing a community-directed, interagency effort to locate, evaluate, and identify children birth through five years, who may be in need of community services and supports.

EFFECTIVENESS INDICATORS:	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. An interagency coordinating council is established in our community.										
2. The Local Education Agency (LEA) is an active participant in the interagency coordinating council.										
3. Key community representatives have been identified.										
4. Community representatives are from:										
a. parent organizations										
b. medical profession										
c child care associations										
d. Department of Social Services										
e. LEA										
f. Child Find										
g. Head Start										
h. county health										
i. Community Centered Board										
j. Other:										

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
5. The community representatives have agreed to continuous involvement for a _____ length of time.										
6. The community representatives have or have been given administrative commitment and support by their agencies.										
7. The interagency group has developed shared:										
a. values										
b. mission										
c. goals										
8. The roles and responsibilities of group members have been defined.										
9. The interagency group has developed a process for:										
a. agreements between agencies										
b. eliminating duplication of services and supports										
c. efficient utilization of resources										
d. a community approach to service coordination*										

*Service coordination (formerly referred to as "case management"): An interactive partnership between a family and the involved public/private agency for the purpose of assisting the family in locating, accessing, coordinating, and monitoring all aspects of needed services, resources, and supports.

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
10. A plan for conflict resolution and problem-solving has been developed.										
11. Our interagency group has assessed the need to expand screening procedures to include the recommended "Community Screening" process (see "Screening & Evaluation Guidelines, Birth-5yr.")* to make screening accessible to all children in the community.										
12. A coordinated community child identification process:										
a. has been developed										
b. is in operation										
c. clearly delineates procedures to be used by the community at large										

*Screening & Evaluation Guidelines, Birth-5yr. were developed by the Colorado Department of Education in 1992 and are referred to throughout this document.

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
13. The child identification procedures to be used by the community at large:										
a. are available in writing										
b. are accessible and responsive to the community										
c. assist with providing consistent information to families										
d. are family friendly										
e. ensure an ongoing proactive process										
f. include a coordinated community service coordination system										
g. include the development of common interagency forms										
14. Strategies for the use of a coordinated information management system:										
a. have been developed										
b. are in operation										
15. The information management system:										
a. is accessible to the total community										
b. assists with anticipating and planning for:										
-immediate community needs										
-future community needs										
c. provides:										
-quantitative information										
-qualitative information										
d. assists with monitoring and tracking needs										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
16. An evaluation model has been designed to determine the effectiveness of the:										
a. interagency group										
b. total child identification process										
17. The evaluation model has a means for:										
a. verifying that the child identification process is culturally non-biased										
b. comparing collected data with local demographic information										
c. showing evidence of increased referrals										
d. assessing family satisfaction of the community service coordination process										
e. identifying gaps in services and supports										
f. identifying duplication of services and supports										

CHILD IDENTIFICATION PROCESS
SELF-EVALUATION

PUBLIC AWARENESS

In this context, "Public Awareness" refers to strategies used to plan and distribute information to the public for the purpose of creating local community awareness of the child identification process.

EFFECTIVENESS INDICATORS:

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. Public awareness activities are ongoing and sustained throughout year.										
2. Our public awareness efforts:										
a. provide information about developmental milestones										
b. state the purposes of the child identification process										
c. provide information about how to access the child identification process										
d. indicate that the identification process is at no cost to the family										
3. Our public awareness efforts are coordinated with other identification efforts in the community, such as:										
a. public health										
b. community centered boards										
c. Head Start										
d. Early & Periodic Screening, Diagnosis and Treatment (EPSDT)										

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
4. A variety of strategies are used to reach families, providers, and the community at large. These strategies, at a minimum, include:										
a. messages tailored to address culturally diverse populations										
b. use of personal contacts										
c. use of media announcements										
d. use of written materials										
5. Public awareness efforts are used to inform the community about:										
a. the referral process										
b. screenings										
c. family involvement										
d. the value of early identification										
e. options for services and supports										
f. the total process										
6. Public awareness information is readily accessible for families. This includes:										
a. having materials in places which families frequent (churches, child care and preschool settings, health clinics, doctors' offices)										
b. using multilingual materials										
c. using multilingual media announcements										
d. developing materials without the use of jargon										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
7. The type of message and media used is compatible with community cultures.										
8. We have coordinated our marketing efforts with other school districts in our area, (FOR MULTI-SCHOOL DISTRICT AREAS ONLY) and have agreed on:										
a. a consistent message										
b. a common process of how families gain access to the system										
c. a common procedure used once the family is referred										
d. common brochures, posters, flyers										
9. A yearly written marketing plan has been developed. The marketing plan includes:										
a. outlines of the messages utilized										
b. method, frequency, and locations of information distribution										
c. quantity of materials to be produced and distributed										
d. coordination of an interagency focus										
e. strategies that are family friendly										
f. types of information distributed										
g. strategies that are flexible, creative, and diverse										
h. strategies to reach culturally diverse populations										
i. plans for personal contacts with community agencies										

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
10. An evaluation procedure has been developed to determine the effectiveness of the marketing plan which will feed into the overall evaluation of the child identification process. At a minimum, the procedure evaluates: a. community use of the child identification process b. success or needed changes in marketing strategies, supported by data collected										

CHILD IDENTIFICATION PROCESS
SELF EVALUATION

REFERRAL

In this context, "Referral" refers to the process of establishing procedures for referring to and from screening, evaluation, and program assessment, AND informing the community at large of these procedures.

EFFECTIVENESS INDICATORS	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. Our community is aware of and has access to written local referral procedures concerning the child identification process. The written referral procedures include:										
a. an outline of established procedures once a child is referred										
b. a description of ways to access the system										
c. a procedure for sharing of information and records while protecting privacy and confidentiality										
2. The local child identification process actively cultivates referrals from a variety of sources. This includes:										
a. traditional referral sources										
-public health										
-community centered boards										
-Head Start										
-Dept. of Social Services										
-medical professionals										
-child care facilities										
-preschools										
-other										

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	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
b. non-traditional referral sources										
-homeless shelters										
-ethnic groups										
-clergy										
-service organizations										
-other										
c. continuous personal contacts with community members who have frequent contact with targeted populations										
3. Our community referral procedure:										
a. allows families to enter anywhere along the referral continuum										
b. accepts information and records provided by other sources to reduce duplication of service (previous screening, medical or educational diagnosis)										
4. Families are informed and understand their rights, responsibilities, and options before the process begins. This includes:										
a. providing a clearly written and/or verbal explanation to the family in their native language or other mode of communication										
b. an explanation of parent consent										
c. providing families with an opportunity to examine records										
d. providing prior written notice concerning evaluation, placement of their child, and established timelines										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
5. Upon receipt of referral information, family contact and scheduling for the next appropriate step takes place within five working days.*										
6. A circular (feedback and follow-up between agencies) and systematic procedure has been developed for:										
a. periodic monitoring activities to determine the status of families										
b. providing feedback to referral sources pertaining to the status of the family referred										
7. Appropriate staff is knowledgeable of:										
a. local resource directories										
b. the state central directory (DIRS)										
c. community services and supports										
d. specialized services and supports										
8. Our referral process ensures that service coordination begins at the time of referral by providing information to families about options for screening, evaluation, services, and supports.										

* REMINDER:

FOR THE BIRTH THROUGH TWO-YEAR-OLD POPULATION, THE TOTAL IDENTIFICATION PROCESS THROUGH DEVELOPMENT OF THE IFSP/IEP SHALL BE COMPLETED WITHIN 45 DAYS UNLESS PARENTS HAVE CHOSEN ALTERNATE TIMELINES.

FOR THE THREE- THROUGH FIVE-YEAR-OLD POPULATION, THE TIME FROM REFERRAL THROUGH THE STAFFING PROCESS SHALL BE COMPLETED WITHIN 45 SCHOOL DAYS (days the district is in session).

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
9. We assist and enable families to begin full participation in the decision making-process by providing:										
a. information and linkage to community resources										
b. information and linkage to parent-to-parent supports										
c. information about rights and entitlements of families										
10. Service coordination in our community is coordinated across agencies (list agencies).										
a.										
b.										
c.										
d.										
e.										
11. Families eligible for service coordination** are given choices to link with a public agency representative to act collaboratively with the family as co-service coordinator.										

** THE BIRTH-THROUGH TWO-YEAR-OLD POPULATION IS ENTITLED TO A SERVICE COORDINATOR UNDER PART H, P.L. 102-119, INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).

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	STATUS		EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
12. An information and data collection process has been developed to reflect the effectiveness of the community referral procedures which will feed into the overall evaluation of the child identification process.										
13. Data we collect includes:										
a. number of referrals										
b. referral sources										
c. ethnicity										
d. age of child at time of referral										
e. reason for referral										
f. referral outcome										
g. other										

CHILD IDENTIFICATION PROCESS
SELF EVALUATION

SCREENING

In this context, "Screening" refers to the rapid process of selecting, from the total population, those infants, toddlers, and preschoolers who may have special needs and sorting out those children for whom evaluation is a reasonable next step.

EFFECTIVENESS INDICATORS:

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. Screening in our community is an ongoing, proactive service for families. Our screening procedure:										
a. is year around										
b. allows for periodic follow-up screening										
c. is cost-effective										
2. Screening in our community incorporates various implementation strategies. These may include but not be limited to:										
a. using screening information from multiple agencies (Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Head Start, Well Child Clinics, etc.)										
b. using parent questionnaires or parent interviews										
c. using developmental, social, and health records										
d. conducting interagency screenings										
e. facilitating preschool/child care screenings										
f. other										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
3. Areas screened include:										
a. cognition										
b. social/emotional										
c. communication										
d. self-help skills										
e. motor										
f. hearing										
g. vision										
h. brief birth/health/developmental history										
4. Our screening process:										
a. encourages and facilitates parent involvement										
b. includes parent interview or information obtained from the parent										
c. is brief										
d. is enjoyable for the child and family										
5. Our screening process is sensitive to family needs by:										
a. having screenings easily accessible to families (time, dates, locations)										
b. making every attempt to make the process culturally non-biased										
c. encouraging parents to choose the extent of their participation										
d. providing immediate feedback to parents regarding screening results										

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
6. Individuals participating in a "Community Screening" process (see "Screening & Evaluation Guidelines, Birth-5yr."):										
a. ensure minimum intrusiveness for the child and family when requesting information										
b. respect the family's background										
c. are proficient in the administration of the instruments used										
d. are comfortable interacting with the birth-to-five year population										
e. have the ability to establish rapport with the child and parent and adapt the setting as needed										
f. have a working knowledge of the total screening process										
7. Individuals participating in an "Individualized Screening" process (see "Screening & Evaluation Guidelines, Birth-5yr."):										
a. ensure minimum intrusiveness for the child and family when requesting information										
b. respect the family's background										
c. view the parent as an active member of the screening team										
d. discuss how the screening will take place including what roles the parent/ professional team members will play										

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
7. (cont.)										
e. are proficient in the administration of the instruments used										
f. are knowledgeable about early childhood development										
g. are licensed/certified in their area(s) of expertise										
8. Screening instruments used:										
a. are objective, reliable, and valid										
b. are culturally non-biased										
c. include all areas of development										
d. are brief and fun										
e. are developmentally appropriate										
f. are being used for the purpose intended (screening instruments are not used to determine eligibility)										
9. Our screening procedure allows for:										
a. screening results to be shared with the family at the time screening is completed										
b. scheduling an evaluation when appropriate*										

* REMINDER:

FOR THE BIRTH- THROUGH TWO-YEAR-OLD POPULATION, THE TOTAL IDENTIFICATION PROCESS THROUGH DEVELOPMENT OF THE IFSP/IEP SHALL BE COMPLETED WITHIN 45 DAYS UNLESS PARENTS HAVE CHOSEN ALTERNATE TIMELINES.

FOR THE THREE- THROUGH FIVE-YEAR-OLD POPULATION, THE TIME FROM REFERRAL THROUGH THE STAFFING PROCESS SHALL BE COMPLETED WITHIN 45 SCHOOL DAYS (days the district is in session).

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
10. At the conclusion of our screening process, families are provided with information to assist them in selecting community service and support options best suited to their child and family needs. This includes:										
a. providing information to families about the strengths and needs of their child										
b. providing information to families regarding community supports for children who have not been recommended for further evaluation (i.e., public health programs, preschools, Head Start, etc.)										
c. providing information, materials, and training to families regarding general child development and parenting skills										
d. providing parents with options of time, dates, and locations for children who need further evaluation										
e. providing information about periodic screening procedures										
f. supporting families as decision-makers										
11. Our screening process includes obtaining parent feedback regarding such things as timeliness, accessibility, climate, personnel, etc.										
12. An information and data collection process has been developed to reflect the effectiveness of our screening process which will feed into the overall evaluation of the child identification process.										

CHILD IDENTIFICATION PROCESS
SELF EVALUATION

EVALUATION PROCESS

In this context, "Evaluation Process" refers to the process used, by a team of people, including the family, to: 1) determine the child's current level of functioning, strengths, and needs in all areas of development, 2) identify the family's resources, priorities, and concerns, 3) establish the child's eligibility for services, and 4) identify an array of community service and support options, for the child and family that will enhance the development of the child.

EFFECTIVENESS INDICATORS:

	STATUS			EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. Our evaluation process incorporates the recommended components (see "Screening & Evaluation Guidelines, Birth-5yr.") which include:										
a. developing a parent-professional partnership										
b. gathering background information from multiple sources										
c. utilizing a parent-professional team to determine the child's total functioning										
d. utilizing a parent-professional team to discuss, analyze, and synthesize all information gathered during the evaluation process to summarize the child's functional skills, strengths, and needs										
e. utilizing a parent-professional team to develop an individualized plan which:										
- includes a range of options to enhance the child's development										
- encourages access to community services and supports available to all children										
- promotes the family's priorities, concerns, and goals										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
2. Our evaluation process is sensitive to family needs by:										
a. having evaluations easily accessible for families (time, dates, locations)										
b. making every attempt to make the process culturally non-biased										
c. encouraging parents to choose the extent of their participation										
3. Our evaluation team has examined the use of the recommended arena style process (see "Screening & Evaluation Guidelines, Birth-5yr.").										
4. Our evaluation team has chosen a team approach in which:										
a. parents are viewed as active, participating team members (to the extent the family has chosen)										
b. professionals from various disciplines and parents work collaboratively during the evaluation process										
c. professionals promote a holistic view of the child										
5. The composition of our team is determined by the needs of the child and family and by the type of decisions to be made.										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
6. Keeping in mind the needs of the child, our team is composed of: a. parent(s) as active participant(s) b. professionals from those disciplines that represent the child's area(s) of concern (a **minimum of two professionals always participate**)										
7. Our evaluation team has incorporated the recommended use of multiple evaluation strategies (see "Screening & Evaluation Guidelines, Birth-5yr.") during the evaluation process, which include: a. parent observations of the child b. standardized instrument(s) c. at least one other evaluation process (i.e. language sample, criterion-referenced checklist, behavior sampling, etc)										
8. Our evaluation process: a. ensures that the child is evaluated adequately in all areas of development (cognition, social-emotional, communication, self-help skills, motor) to address the needs of the whole child b. views the child from a capacity model to identify the child's resources, priorities and concerns										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
8. (cont.)										
c. is conducted in such a way that is comfortable for the child and family										
d. uses information from systematic observations of skills and behaviors in the child's natural setting										
9. The professional team members on our evaluation team:										
a. ensure minimum intrusiveness for the child and family when requesting information										
b. respect the family's background										
c. have the ability to establish rapport with the child and family										
d. view the family member as a participating team member										
e. have training and experience with the birth-five year old population										
f. are efficient and knowledgeable in the use of the instruments and procedures chosen										
g. can establish a comfortable setting to administer instruments selected										
h. can utilize multiple evaluation procedures										
i. are licensed/certified in their area of expertise										
j. can use professional judgment to allow appropriate time for the evaluation procedure to be administered										

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
10. Instruments and procedures used in our evaluation process are objective, reliable, valid, and culturally non-biased. The instruments and procedures we have chosen:										
a. yield both quantitative and qualitative information										
b. are developmentally appropriate										
c. are used for the purpose intended										
d. obtain objective data from standardized measurements										
e. separate cultural and linguistic differences from judgments about developmental delay										
f. document attempts to address the cultural needs of the child and family										
11. Our evaluation process is accomplished in a timely manner. This includes:										
a. scheduling evaluations as quickly as possible after a referral is made*										
b. allowing time at the conclusion of the evaluation process:										
- for the family and professionals to interact and exchange general impressions of the child, based on the evaluation										
- for families to reflect upon the evaluation process										
- to plan next steps										

*It is recommended that the evaluation take place within 20 school days of the referral.

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
11. (cont.) c. providing written evaluation results for the family, which are easily understood and free of jargon, within ten working days of the completed evaluation**										
12. At the conclusion of our evaluation process, written documentation is developed with ALL families, regardless of their child's eligibility determination, to: a. outline each child's level of functioning, priorities, and concerns b. provide appropriate information which assists families in selecting community service and support options best suited to their child and family needs.										
13. Our evaluation process ensures: a. the parent(s) is the decision-maker b. predetermination of the child's placement does not occur										

**REMINDER:

FOR THE BIRTH THROUGH TWO YEAR OLD POPULATION THE TOTAL IDENTIFICATION PROCESS THROUGH DEVELOPMENT OF IFSP SHALL BE COMPLETED WITHIN 45 DAYS UNLESS PARENTS HAVE CHOSEN ALTERNATE TIMELINES.

FOR THE THREE THROUGH FIVE YEAR OLD POPULATION THE TIME FROM REFERRAL THROUGH THE STAFFING PROCESS SHALL BE COMPLETED WITHIN 45 SCHOOL DAYS (days the district is in session).

	STATUS		EVAL			NEED				
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
14. For all eligible children birth-5yr, for whom an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) is developed, we identify a team member who facilitates linkages between the family and agency representatives to ensure transition and implementation into recommended services and supports.*										
15. Our evaluation process includes obtaining parent feedback regarding such things as timeliness, accessibility, climate, process, personnel, etc.										
16. Information and data collection reflects the effectiveness of our evaluation process which will feed into the overall evaluation of the child identification process.										

*Eligible children refers to those children determined eligible for services under the Colorado infant/preschool definitions.

CHILD IDENTIFICATION PROCESS
SELF EVALUATION

PROGRAM EVALUATION

In this context, "Program Evaluation" refers to the process of evaluating the effectiveness of the child identification process at the local level.

EFFECTIVENESS INDICATORS:

	STATUS			EVAL			NEED			
	GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS
1. An evaluation model for determining the effectiveness of the entire child identification process has been developed. Our model includes:										
a. identification of meaningful data to be collected										
b. collection and analysis of the data										
c. development of strategies to modify and adapt components as evaluation outcomes indicate										
2. Our program evaluation model is designed to:										
a. compare collected data with local demographic information										
b. document interagency collaboration										
c. determine success of the marketing plan										
d. determine the level of community accessibility										
e. verify that screening and evaluation occur in a timely manner										

2. (cont.)

f. determine the positive impact of screening and evaluation procedures
g. confirm that service and support options are offered to families throughout the process
h. verify that the community service coordination approach is working for families
i. determine family and community satisfaction with all aspects of the child identification process
j. determine cost effectiveness of the process
k. verify the option and support of active family participation throughout the process

STATUS			EVAL			NEED				
GOAL FOR THE YEAR	EMERGING	IN PLACE	STRENGTH	SATISFACTORY	NEEDS IMPROVEMENT	TECHNICAL ASSISTANCE	MORE TIME	RESOURCES	ACTION PLAN/COMMENTS

ADMINISTRATION
CHILD IDENTIFICATION PROCESS

The following are recommended functions and qualifications of the Child Find Coordinator, as related to the "coordination" of a community, interagency child identification process for children ages birth through five who may need special education and related services.

It is recommended that each Local Education Agency (LEA) have a Child Find Coordinator who has time allotted to fulfill all functions and responsibilities outlined below. As the interagency concept develops in each community, this may evolve into a shared community or multi-district position(s). The functions of this position shall be maintained throughout the year.

RECOMMENDED FUNCTIONS OF THE CHILD FIND COORDINATOR

Program Planning and Development

* Initiate and/or sustain an interagency child identification process
  - cultivate liaisons with community entities through ongoing personal contacts
* Develop a marketing plan for public awareness
* Develop community referral procedures
* Establish a proactive, ongoing, community screening process (refer to "Screening and Evaluation Guidelines, Birth - 5 Years")
* Develop an evaluation process (refer to "Screening and Evaluation Guidelines, Birth - 5 Years")
* Facilitate the design of a community approach for service coordination that links families with community resources
* Cultivate the development of community options for services and supports that best meet the needs of the individual family and child
* Construct a plan for ongoing staff development
* Develop strategies for active participation of families throughout the process

Program Coordination and Implementation

* Ensure the coordination and implementation of a community child identification process which includes:
  - interagency collaboration
  - public awareness
  - referral
  - screening
  - service coordination
  - evaluation
* Ensure the formulation and implementation of a process to inform families of service and support options
* Coordinate staff and resources needed for implementation

Program Evaluation

* Ensure the development and implementation of a process for evaluating the effectiveness of the entire child identification process including:
  - determination of meaningful data to be collected
  - collection and analysis of data
  - identification of strategies to make changes as evaluation outcomes indicate

RECOMMENDED QUALIFICATIONS OF THE CHILD FIND COORDINATOR

* College degree or equivalent certification/license in a related field
* Has knowledge of normal child development and conditions associated with developmental delays
* Has experience with children birth through five years of age
* Has competence related to family systems and cultures
* Demonstrates planning and organizational skills
* Demonstrates leadership skills
* Demonstrates verbal and written communication skills

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